

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

45 JUL 28 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Howell Registration District No. 878
Township Monterey Primary Registration District No. 5581
City (No. _____) St. _____ Ward _____

23853
File No. _____
Registered No. 38

2. FULL NAME

Joseph Elizabeth Sculluland

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
(If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James I. Sculluland

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 15-1863

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>35</u>	<u>7</u>	<u>1</u>	<u>23</u>	

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Sculluland
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Co.

13. NAME not known Mo.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT Mrs. Arthur W. W. W.
(ADDRESS) Combustion, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Big Spring DATE July 31 1937

19. UNDERTAKER C. S. Duncan
(ADDRESS) Hayden, Mo.

20. FILED July 5 1937 J. O. Bonham
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/8/37, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 4, 1937, to June 8, 1937
I last saw her alive on June 7, 1937. Death is said to have occurred on the date stated above, at 7:45 p. m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Hypostatic pneumonia

Other contributory causes of importance:
Cerebral Hemorrhage

Name of operation None Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury _____, 19____
Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) W. L. Cochran, M. D.
(Address) 701 E. 10th St. Mo.

